

IN THE UNITED STATES BANKRUPTCY COURT FOR
THE DISTRICT OF PUERTO RICO

RECEIVED AND FILED
CASHIER 1

2015 OCT -6 PM 1:57

In re:

IRIZARRY RODRÍGUEZ JORGE A.

Debtor(s)

No. EAG-15-01937

Chapter 13

US BANKRUPTCY COURT
FOR THE DISTRICT OF
PUERTO RICO

MOTION TO AMEND PLAN

TO THE HONORABLE COURT:

COMES NOW debtor Jorge A. Irizarry Rodríguez and very respectfully states and prays:

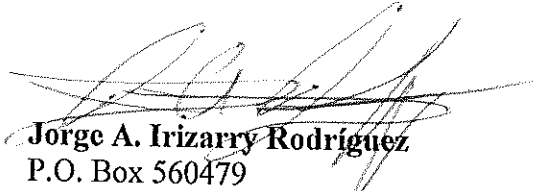
Debtor filed an amended plan dated October 5, 2015 to provide priority payments to IRS and the Department of Treasury.

WHEREFORE, the debtor respectfully prays that the amended Chapter 13 payment plan are accepted for continuation of the proceedings and that all other remedies that are proper and just be granted.

CERTIFICATE OF SERVICE: I hereby certify that on the same date I filed the above document with the Clerk of the Court I served all the parties involving this case by depositing true and exact copies thereof in the United States Mail, postage prepaid, to their mailing addresses of record.

RESPECTFULLY SUBMITTED.

In Ponce, Puerto Rico. This 5th of October, 2015.


Jorge A. Irizarry Rodríguez

P.O. Box 560479

Guayanilla, P.R., 00656-0479

Tel. 787-637-8716 / Fax. 787-873-2072

E-mail: lcdo.jirizarry@gmail.com

LIST OF CREDITORS

15-01937-EAG13| Department of Treasury | Bankruptcy Section (424)|P.O. Box
9024140|San Juan PR 00902-4140| ||
15-01937-EAG13|ARCELIO A MALDONADO AVILES |6 GARZAS|ADJUNTAS PR
00601-2108| |||
15-01937-EAG13|ASUME |C/O STACY RODRIGUEZ VEGA|PO BOX 70376|SAN
JUAN PR 00936-8376| ||
15-01937-EAG13|ASUME |PO BOX 70376|SAN JUAN PR 00936-8376| |||
15-01937-EAG13|BANCO POPULAR DE PUERTO RICO |BANKRUPTCY
DEPARTMENT|PO BOX 366818|SAN JUAN PR 00936-6818| ||
15-01937-EAG13|DEPARTAMENTO DE HACIENDA DEL ESTADO LIBRE
AS|EDIFICIO INTENDENTE RAMIREZ|10 PASEO COVADONGA|SAN JUAN 00901-
2613| ||
15-01937-EAG13|MARTIN GONZALEZ VAZQUEZ |PO BOX 591|MERCEDITA PR
00715 0591| |||
15-01937-EAG13|PONTIFICAL CATHOLIC UNIVERSITY PR |2250 BOULEVARD
LUIS A FERRE|AGUAYO SUITE 530|PONCE PR 00717| ||
15-01937-EAG13|STACY M. RODRIGUEZ VEGA |PO BOX 2694|SAN GERMAN PR
00683-2694| |||
15-01937-EAG13|Synchrony Bank |c/o of Recovery Management Systems Corp|25 S.E.
2nd Avenue, Suite 1120|Miami, FL 33131-1605| ||
15-01937-EAG13|UNIVERSIDAD CATOLICA DE PUERTO RICO |2250 BULEVARD
LUIS A FERRE|PONCE PR 00717-0656| |||.

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE: JORGE ANTONIO IRIZARRY RODRIGUEZ

BK. CASE # 15-01937 EAG

DEBTOR(S)

CHAPTER 13

CHAPTER 13 PAYMENT PLAN

NOTICE: • The following plan contains provisions which may significantly affect your rights. You should read this document carefully and discuss it with your attorney. When confirmed, the plan will bind the debtor and each creditor to its terms. Objections must be filed in writing with the Court and served upon the debtor(s), debtors' counsel, the Trustee and any other entity designated by the Court, at the 341 meeting of creditors or not less than twenty (20) days prior to the scheduled confirmation hearing. For post confirmation Plan Modifications, objections must be filed and notified in the same manner within twenty (20) days from its notification. • This plan does not allow claims. Any party entitled to receive disbursements from the Trustee must file a proof of claim. The Trustee will pay the allowed claims, as filed, provided for in the plan, unless disallowed or expressly modified by the Court and / or the terms of the plan. If no claim is filed, the Trustee will not pay a creditor provided for in the plan, unless ordered by the Court. If the Trustee is to make POST-PETITION REGULAR MONTHLY PAYMENTS to any Secured obligation, then a proof of claim must be filed including the following information: account number, address, due date and regular monthly payment. Secured creditor must notify any change in the monthly payment, three (3) months prior to the effective date of new payment. Those post-petition monthly payments will not exceed the life of the plan. • See the notice of commencement of case for 341 meeting date and claims bar date, the latter is the date by which a proof of claim must be filed in order to participate of the plan distribution.

1. The future earnings of the Debtor(s) are submitted to the supervision and control of the Trustee and the Debtor(s) shall make payments to the Trustee:
☒ directly ☐ by payroll deductions, as hereinafter provided in the PAYMENT PLAN SCHEDULE.
 2. The Trustee shall distribute the funds so received as hereinafter provided in the DISBURSEMENT SCHEDULE.
☐ 3. The Confirmation Order will not vest property of the Estate on Debtor(s) until the Order discharging Debtor(s) is entered.

PLAN DATED: _____

☒ PRE ☐ POST-CONFIRMATION☒ AMENDED PLAN DATED: October 5, 2015FILED BY ☒ DEBTOR ☐ TRUSTEE ☐ UNSECURED CREDITOR

I. PAYMENT PLAN SCHEDULE

| | | | | | |
|---------|-----|---|----|------|-----------|
| \$ | 260 | x | 5 | = \$ | 1,300 |
| \$ | 435 | x | 55 | = \$ | 23,925 |
| \$ | | x | | = \$ | 0 |
| \$ | | x | | = \$ | 0 |
| \$ | | x | | = \$ | 0 |
| TOTAL = | | | | 60 | \$ 25,225 |

Additional Payments:

\$ _____ to be paid as a LUMP SUM
 within _____ with proceeds to come from

☐ Sale of property identified as follows:

☐ Other: _____

Periodic Payments to be made other than and in addition to
 the above.

\$ _____ x _____ = \$ _____ 0

To be made on: _____

PROPOSED PLAN BASE: \$ 25,225

II. ATTORNEY'S FEES

To be treated as a § 507 Priority, and paid before any
 other creditor and concurrently with the Trustee's fees,
 unless otherwise provided:

a. Rule 2016(b) Statement: \$ 0
 b. Fees Paid (Pre-Petition): (\$ 0)
 c. R 2016 Outstanding balance: \$ 0

d. Post Petition Additional Fees: \$ _____

e. Total Compensation: \$ 0

Signed: _____

DEBTOR

JORGE ANTONIO IRIZARRY RODRIGUEZ

JOINT DEBTOR

III. DISBURSEMENT SCHEDULE SEQUENCE

A. SECURED CLAIMS: ☐ Debtor represents that there are no secured claims.☒ Secured creditors will retain their liens and shall be paid as follows:☐ ADEQUATE PROTECTION Payments: Cr. _____ \$ _____☐ Trustee will pay secured ARREARS:

| | | |
|-------------|-------------|-----------|
| Cr. _____ | Cr. _____ | Cr. _____ |
| Acct. _____ | Acct. _____ | POC _____ |
| \$ _____ | \$ _____ | \$ _____ |

☐ Trustee will pay REGULAR MONTHLY PAYMENTS:

(please refer to the above related notice, for important information about this provision)

| | | |
|-----------------------|-----------------------|-----------------------|
| Cr. _____ | Cr. _____ | Cr. _____ |
| Acct. _____ | Acct. _____ | Acct. _____ |
| Monthly Pymt.\$ _____ | Monthly Pymt.\$ _____ | Monthly Pymt.\$ _____ |

☐ Trustee will pay IN FULL Secured Claims:

| | | |
|-----------|-----------|-----------|
| Cr. _____ | Cr. _____ | Cr. _____ |
| \$ _____ | \$ _____ | \$ _____ |

☐ Trustee will pay VALUE OF COLLATERAL:

| | | |
|-----------|-----------|-----------|
| Cr. _____ | Cr. _____ | Cr. _____ |
| \$ _____ | \$ _____ | \$ _____ |

☐ Secured Creditor's interest will be insured. INSURANCE POLICY will be paid through plan:

| | | |
|-----------|----------------|-------------------|
| Cr. _____ | Ins. Co. _____ | Premium: \$ _____ |
|-----------|----------------|-------------------|

(Please indicate in "Other Provisions" the insurance coverage period)

☐ Debtor SURRENDERS COLLATERAL TO Lien Holder:
☒ Debtor will maintain REGULAR PAYMENTS DIRECTLY to:
 ASUME

B. PRIORITIES. The Trustee will pay §507 priorities in accordance with the law (§1322 (a)(2)).

☒ IRS, ASUME, PR TREASURY, *Stacy M. Rodriguez Vega*C. UNSECURED PREFERRED: Plan ☐ Classifies ☒ Does not Classify Claims.☐ Class A: ☐ Co-debtor Claims: ☐ Pay 100% / ☐ Pay Ahead: _____☐ Class B: ☐ Other Class: _____

| | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Cr. _____ | <input type="checkbox"/> Cr. _____ | <input type="checkbox"/> Cr. _____ |
| \$ _____ | \$ _____ | \$ _____ |

D. GENERAL UNSECURED NOT PREFERRED: (Case Liquidation Value = \$ _____)

☐ Will be paid 100% plus _____ % Legal Interest. ☒ Will be paid Pro-Rata from any remaining funds

OTHER PROVISIONS:

ATTORNEY FOR DEBTOR _____

Phone: _____